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NLRB
REGION 2

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

02-RC-195929

3-31-17

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petitioner must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Fusion Academy

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Fusion Academy - Park Avenue, 450 Park Avenue, 9th Fl, New York, NY 10016

3a. Employer Representative - Name and Title
Dr. Heather Brookman, Head of School

3b. Address (If same as 2b - state same)
450 Park Avenue, 9th Floor, New York, NY 10016

3c. Tel. No.
212.326.9522

3d. Cell No.

3e. Fax No.
212.935.4815

3f. E-Mail Address
hbrookman@fusionacademy.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
School

4b. Principal product or service
Education

5a. City and State where unit is located:
New York, NY

5b. Description of Unit Involved

Included: All full-time and part-time teachers, teacher/mentors, teacher/departments heads, homework cafe teachers, teacher/learning specialists and teacher/permanent subs working at the Fusion Academy Park Avenue location.

Excluded: All other employees; managers, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
40

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/30/17 and Employer declined recognition on or about (Date) (If no reply received, so state). no reply

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
none

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
none

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Wednesday, April 19, 2017

11c. Election Time(s):
12:15-1:00; 5:30-6:45

11d. Election Location(s):
9th floor conference room.

12a. Full Name of Petitioner (including local name and number)

United Educators of Fusion Academy, Local 2 (UFT), NYSUT, AFT, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)

c/o NYSUT, 150 Motor Parkway, Suite 306, Hauppauge, NY 11788

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
UFT (Local 2), NYSUT, AFT

12d. Tel. No.

631-273-8822

12e. Cell No.

917-881-7673

12f. Fax No.

631-273-6186

12g. E-Mail Address

trudnick@nysutmail.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Trudy Rudnick, NYSUT Organizer

13b. Address (street and number, city, state, and ZIP code)
c/o NYSUT, 150 Motor Parkway, Suite 306, Hauppauge, NY 11788

13c. Tel. No.

631-273-8822

13d. Cell No.

917-881-7673

13e. Fax No.

631-273-6186

13f. E-Mail Address

trudnick@nysutmail.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Trudy Rudnick

Signature

Trudy Rudnick

Title
Organizer/Labor Relations Specialist

Date

March 30, 2017

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.